

Remarks at the National Institutes of Health in Bethesda, Maryland December 2, 2014

Thank you, everybody! It is good to be back. Thank you. Thank you so much. Everybody, please have a seat. Thank you. Well, to Secretary Burwell, to Francis Collins, Tony Fauci, your teams, to all of you, thanks so much for welcoming me here today. It is wonderful to be back to America's laboratory, even if I don't always understand what you're doing. *[Laughter]*

Last year, I welcomed Francis and some of you to the White House to launch our BRAIN Initiative to unlock the mysteries of the mind and to pursue new cures for disease. And Francis promoted me at the time to "scientist in chief." *[Laughter]* Which made me very proud, although I sort of felt guilty that I hadn't studied more chemistry. *[Laughter]*

But the work you do here is remarkable, and I just got a fascinating tour of your vaccine research center. I have to say, I was very impressed with how you can clone a virus gene into a vaccine vector, then subject it to gel electrophoresis. *[Laughter]* And then pipet the samples into a 96-well microplate. *[Laughter]* Run it through the world's most advanced multiparameter flow cytometer. *[Laughter]* I mean, but—it was impressive. I've been tinkering around the White House, setting up a similar system. *[Laughter]* We use it for brewing beer. *[Laughter]* But it works well for your work also. *[Laughter]*

Now, the last time I was here at NIH, early in my Presidency, I came to announce a historic boost in funding for biomedical research. Because part of American leadership in the world—one of the things that has always marked us as exceptional—is our leadership in science and our leadership in research. And here at NIH, you have always been at the forefront of groundbreaking innovations. You've helped pioneer new treatments for everything from cancer to heart disease, to HIV/AIDS. And as a consequence, you've helped not just Americans, but people around the world, live longer, fuller lives. You've saved countless lives in every corner of the globe. And so to Francis and Tony and all your directors and staff and

the researchers that you fund across the country and around the globe, you deserve great thanks for your leadership and your service and your patriotism and your lifesaving work.

And that brings me back to today. This past summer, as Ebola spread in West Africa, I told my team that fighting this disease had to be a national security priority and a priority across agencies and across our Government. I realize that here in the United States, some of the attention has shifted away recently. That's sort of how our attention spans work sometimes. Ebola is not leading the news right now. But I wanted to come here because every day, we are focused on keeping the American people safe. Every day, the NIH is at the forefront of this mission. NIH personnel have volunteered and deployed to West Africa. Some have served in medical labs, testing for Ebola. Some of your clinicians—members of the U.S. Public Health Service—have deployed to care for health care workers who got infected in the line of duty.

When Nina Pham, one of the two Dallas nurses who were infected, needed treatment, Tony and his team stepped up, and you were ready. You manned shifts around the clock, day and night. You remembered your training. You displayed great skill and professionalism. You reminded the world that it is possible to treat Ebola patients effectively and safely without endangering yourselves or others.

And all that has made an enormous difference. Like a lot of Americans, I know you fell in love with Nina. She was so sweet and big smile, optimism, sense of service, and reminded us—she reminded us of the incredible sacrifices that our tireless nurses make every day, and we can never thank them enough. And I know Tony thanks Nina for teaching him how to FaceTime. *[Laughter]* And after she was released, Ebola-free, I was proud to welcome Nina to the Oval Office and give her a big hug, and she's now back home in Texas, recovering, getting stronger. And we remember what she told the world when she was released:

"Throughout this ordeal, I have put my trust in God and my medical team." And we thank everyone on her team at the NIH Clinical Center who delivered such remarkable care to Tina.

But the point is, is that the work that you have done has continued even if the cameras have gone elsewhere. And the urgency remains, because if we are going to actually solve this problem for ourselves, we have to solve it in West Africa as well. And one of the great virtues of what you've done here at NIH is reminded people that science matters and that science works. It's not always going to be immediate. Sometimes, it's going to be iterative, and there are going to be some trials, and there are going to be some errors and false starts and blind alleys, but the basic concept of subjecting hypotheses to tests and seeing if they work and being able to document them and replicate them—the basic concept of science—and making judgments on the basis of evidence, that's what's most needed during difficult, challenging moments like the ones that we had this summer and that we continue to have in West Africa.

So, last week, just in time for Thanksgiving, NIH and your partners gave us something new to be thankful for, and that was news of the first successful step—completion of the phase 1 clinical trials—of a potential Ebola vaccine. And on my tour just now, Doctors Nancy Sullivan and Mario Roederer showed me how they and their teams did it. And I have to say, both Nancy and Mario were really good teachers and were very patient with my rudimentary questions, and the lasers were really cool. [Laughter] No potential Ebola vaccine has ever made it this far. So this is exciting news. But it's also a reminder of the importance of Government-funded research and our need to keep investing in basic research. [Applause] All right?

Because Nancy, as she was talking about the steps that had been taken, showed me—this is the kind of mementos scientists keep, I guess—is there was, like, some numbers on a little chart—[laughter]—from back in 1999?—in which she had first done some experiments, some trials, on the Ebola virus. So this is the

product not just of last year's work, it's the product of over a decade of inquiry and work. And at the time, when—Nancy was explaining when she first had some breakthroughs in understanding the Ebola virus, nobody really gave a hoot. Until you do. And that's part of how science works. You make investments, and you pursue knowledge for knowledge's sake, in part because it turns out that knowledge may turn out useful later, and you don't always know when.

Now, last week's news is still just a first step. There are no guarantees. But Dr. Cliff Lane, who is here, is working with Liberian officials to begin large-scale tests in that country. And other potential Ebola vaccines are also in the works. I know that here at NIH, you're also working on potential treatments for Ebola. And as you move ahead on all these fronts, I want you to know you have your President's full support and the administration's full support.

You are a vital part of our fight against Ebola, across our Government. Today we released an update on our efforts, here in the United States and abroad. And it shows that, because we've stepped up our efforts in recent months, we're more prepared when it comes to protecting Americans here at home. We're screening and monitoring arrivals from the affected countries. We've equipped more hospitals with new protective gear and protocols. We've conducted outreach and training of hundreds of thousands of health care workers.

A few months ago, only 13 States could test for Ebola; today, 36 States can. Previously, there were only three facilities in the country deemed capable of treating an Ebola patient, including NIH. Today we're announcing that we now have 35 treatment centers designated to care for a patient with Ebola. So this is important progress. And we're going to just keep on at it. And throughout, we are going to be guided by the science. Not by speculation, not by fear, not by rumor, not by panic—by science.

Now, part of what the science and epidemiology and experience has taught us—and I've said this all along—is, the best way to fight this

disease, to protect Americans, is to stop it at its source. And that's why the United States continues to lead the global response in West Africa. Some 3,000 of our servicemembers and civilians are now on the ground: manning that air bridge, moving in supplies, building treatment units. I called some of our troops in West Africa on Thanksgiving to express gratitude, and they were inspiring, the can-do spirit that they displayed.

The new medical unit we built in Liberia to treat health workers opened last month and has begun discharging patients Ebola-free. We've ramped up the capacity to train hundreds of new health workers per week. We've helped improve burial practices across Liberia. And as a consequence, we've seen some encouraging news: a decline in infection rates in Liberia. And meanwhile, over the last few months, the United States has helped rally the international community. We've mobilized more than \$2 billion in commitments to this fight because this has to truly be a global effort. But that money would not be there had it not been for U.S. leadership.

So our strategy is beginning to show results. We're seeing some progress. But the fight is not even close to being over. As long as this disease continues to rage in West Africa, we could continue to see isolated cases here in America. In West Africa, this remains the worst Ebola epidemic in history by a long shot. And although we've made some progress in Liberia, we've still got work to do. We've—are seeing that we still have a lot of work in Guinea and it's actually been getting worse in Sierra Leone despite some good efforts from our British partners. And this can still spread to other countries, as we've seen in Mali. Every hotspot is an ember that if not contained, can become a new fire. So we cannot let down our guard, even for a minute. And we can't just fight this epidemic, we have to extinguish it.

Now, much of the progress we've made—and the progress we still need to make—depends on funding. This is an expensive enterprise. And that money is running out. We cannot beat Ebola without more funding. If we want other countries to keep stepping up, we

will have to continue to lead the way. And that's why I'm calling on Congress to approve our emergency funding request to fight this disease before they leave for the holidays. It's a good Christmas present to the American people and to the world.

The funding we're asking for is needed to keep strengthening our capacity here at home so we can respond to any future Ebola cases. The funding allows us to keep making progress in West Africa. Remember, we have to extinguish this disease. This is not something that we can just manage with a few cases here and there; we've got to stamp it out. The funding is needed to speed up testing and approval of any promising Ebola vaccines and treatments, including those here at the NIH. It's needed to help us partner with other countries to prevent and deal with future outbreaks and threats before they become epidemics.

This is something I want to just focus on for a second. Tony and I were fondly reminiscing about SARS and H1N1. [*Laughter*] That's what these guys do for fun. [*Laughter*] And we were lucky with H1N1 that it did not prove to be more deadly. We can't say we're lucky with Ebola because obviously, it's having a devastating effect in West Africa, but it is not airborne in its transmission.

There may and likely will come a time in which we have both an airborne disease that is deadly. And in order for us to deal with that effectively, we have to put in place an infrastructure—not just here at home, but globally—that allows us to see it quickly, isolate it quickly, respond to it quickly. And it also requires us to continue the same path of basic research that is being done here at the NIH that Nancy is a great example of. So that if and when a new strain of flu, like the Spanish flu, crops up 5 years from now or a decade from now, we've made the investment, and we're further along to be able to catch it. It is a smart investment for us to make. It's not just insurance, it is knowing that down the road, we're going to continue to have problems like this, particularly in a globalized world, where you move from one side of the world to the other in a day.

So this is important now, but it's also important for our future and our children's future and our grandchildren's future. And the last few elections, the American people have sent Washington a pretty clear message: Find areas where you agree, don't let the areas where you disagree shut things down, work together, and get the job done.

I cannot think of a better example of an area where we should all agree than passing this emergency funding to fight Ebola and to set up some of the public health infrastructure that we need to deal with potential outbreaks in the future. How do you argue with that? That is not a partisan issue. That is a basic, common-sense issue that all Americans can agree on.

Now, I have to say, I've been very encouraged so far by the bipartisan support in our various visits with Members of Congress. They—for the most part, people have recognized, this is not a Democratic issue or a Republican issue, it's about the safety and security of the American people. So let's get it done. This can get caught up in normal politics. We need to protect the American people, and we need to show the world how America leads.

I have to tell you, I traveled to Asia; we had the G-20 summit. If America had not led, if I had not been able to go to CDC, make a major announcement about the commitments we were going to make, be able to go to the United Nations and basically call on other countries to step up and know that we were following through with our own commitments, had we not done that, the world would not have responded in the same way. American leadership matters every time. We set the tone, and we set the agenda.

Now, in closing, I want to leave with a story that speaks to what we have to do. Nancy Writebol is from Charlotte, North Carolina. She's a mom, grandma, wife, also a Christian missionary. Along with her husband, she went to Liberia. And she was doing God's work: caring for Ebola patients. It's hard to imagine a greater expression of the Christian ethic. And she was then infected herself. So she was brought back to Emory in Atlanta; she received excellent care. Nancy was released in August. She is Ebola-free. She continues to recover.

And she said this about how people treat her, even today: "You have some people that just totally wrap their arms around you and shake your hand. And then, you have other people that stand 10 feet away."

Some people wrap their arms around you. Some people stand 10 feet away. This disease is not just a test of our health systems, it is a test of our character as a nation. It asks us who we are as Americans. When we see a problem in the world, like thousands of people dying from a disease that we know how to fight, do we stand 10 feet away or 10,000 miles away, or do we lead and deploy and go to help?

And I know what kind of character I want to see in America, and I know the kind of character that's displayed by people here at NIH and some of your colleagues that are deployed right now in Liberia. That's who we are. We don't give in to fears. We are guided by our hopes, and we are guided by our reason, and we are guided by our faith, and we're guided by our confidence that we can ease suffering and make a difference. And we imagine new treatments and cures, and we discover, and we invent, and we innovate, and we test, and we unlock new possibilities.

And when we save a life and we help a person heal, we go up to them and we open our arms, and we wrap our arms around them with understanding and love and compassion and reason. That's what you do here at NIH. It's what we do as Americans. That's who we are. That's who we'll always be.

Thank you very much. God bless you. God bless the United States of America.

NOTE: The President spoke at 4:54 p.m. at the Clinical Center. In his remarks, he referred to Anthony S. Fauci, Director, Nancy Sullivan, Biodefense Research Section Chief, Mario Roderer, ImmunoTechnology Section Chief, and H. Clifford Lane, Deputy Director for Clinical Research and Special Projects, National Institute of Allergy and Infectious Diseases; Amber Vinson, a nurse who was infected with Ebola at Texas Health Presbyterian Hospital Dallas in Dallas, TX, who was treated successfully; and David Writebol, husband of U.S. Ebola patient Nancy Writebol.